

SUMMER FOOD SERVICE PROGRAM TRAINING CERTIFICATION

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS
(04/18) G/Tools/SFSP/SFSP Training Certification

Sponsor Name:

This is to certify that all sponsor and site personnel have viewed the SFSP on-line training and have completed the post-training questionnaire. All personnel have access to relevant materials such as the SFSP Administrative Guide for Sponsor's, Monitor's Guide, Nutrition Guidance for Sponsors, and Site Supervisor's Guide, as necessary. Questions pertaining to the program have been discussed with State staff.

Date(s) of Training Session(s):

Name(s) of personnel who attended the training session(s) and site they will be working at during the program:

Name, First and Last (Please Print)	SFSP <u>Site</u>

This is to further certify that no site will operate the SFSP at any time unless the personnel at the site have been trained.

Signature and Title of Authorized Sponsor Representative:

Date:

*Training must be conducted prior to the opening of the food service operations. **No meals may be claimed for reimbursement until training is complete and the State has received the completed training certification form.***

Please keep a copy of this certification for your files and mail/fax the original to the state office.

Attn: Melissa Anderson
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